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DISCUSSION

AT

THE SURGICAL SOCIETY OF IRELAND

(ROYAL COLLEGE OF SURGEONS),

ON

THE UNITY OR THE DUALITY OF THE  
VENEREAL POISON.

BY MR. MORGAN, F.R.C.S.I., &c.

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## UNICISTS AND DUALISTS.

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THE Surgical Society of Ireland has been occupied during no less than three of its meetings with the discussion of the topic of venereal disease, so especially important just now. While a Commission on the working of the Contagious Diseases' Act is pursuing its investigations, the matter is of no small interest, and bears very strongly on the various and difficult questions now at issue.

Mr. Morgan, as surgeon to Mercer's, and to the Westmoreland Lock Hospital, brought the subject before the Society, from a desire to obtain an expression of opinion of the members, and the result of their experience of the disease in Dublin. He admitted that he was for some time a believer in, and was much taken with the theory of, the duality of the poison, and the views advocated by the Continental authorities on this point, but on testing the comparative results both in private practice and in hospitals, where he had the advantage of seeing the early course of the disease, and where both male and female cases were under his care, he could not reconcile the conflicting testimonies of the result of careful observations, and of testings by inoculations which he had observed, with the statements of others. He fully admitted the practical fact that in very many instances, where a soft or chancre sore occurred, accompanied by a single or double suppurating bubo in the groin, the patient escaped constitutional signs, while in the case of the indurated sore, with a pleiad of indurated glands in the groin, the sequence of constitutional signs was the rule; but that they were owing to two separate poisons, such as scarlatina and measles, which, though both

exanthems, yet were totally distinct, he could not admit. He had seen the indurated type of sore not infrequently followed by very mild constitutional signs, and the soft or chancroid type which he had tested by auto-inoculation, not infrequently followed by severer signs, so that he believed them evidences proving the common origin of the poison, and that however clinically the initial phenomena may augur absence or sequence of constitutional signs, the tendency to a recurrence to the parent origin of true syphilis or unity of poison was, he believed, constantly present.

Mr. Morgan laid before the Society drawings of sores he had produced by inoculation from the vaginal discharge, or what might, he said, have been termed a gonorrhœa in infected women. These inoculations were invariably produced on already infected subjects, and, therefore, Mr. Morgan was so far unable to prove what the result would have been on a virgin soil, but he believed it would have been a soft or chancroid sore, as it evidently was on the subject of his experiments. Indeed, from the history of his inoculations, the contagious nature of this discharge was most marked, every trial almost succeeding in producing marked chancroid or soft sores.

Another argument which we thought very remarkable was the auto-inoculability of the patients' own vaginal discharge, and the production of a typical soft or chancroid sore on the patient's own person. It has been held by syphilographers that the patients in syphilis were not auto-inoculable; but here, from a discharge in a thoroughly infected case, Mr. Morgan showed that auto-inoculation was easy and productive of the characteristic pustule and chancroid, or soft sore: he stated that, according to the dualistic school, this appearance of sore might be due to the previous infection of the subjects operated on. Granting this was so—the converse should apply—and vaginal discharge of infected patients, which was so highly inoculable, should produce hard chancre, or infecting sore, in the virgin subject; yet how seldom, he observed in practice, was the infecting type of sore seen, in comparison with the soft or chancroid. Every patient almost, he said, should be a case of hard or infecting sore if so; and he was sure the testimony of the Society was in favour of the frequency of the non-infecting sore, so-called, which is soft and non-indurated in its appearance, and capable of inoculation.

Mr. Morgan adduced the instances of the inoculations

from mucous patches, and he had himself produced them from the anal congenital patches of a child aged two years. Dr. Richardson (who was present) had also inoculated them. Boeck, in his work, mentioned several cases. Everyone knew of the infection of a nurse by the child, of which Mr. Morgan had then under his care an interesting example, and had a drawing he exhibited to the Society.

Mr. Morgan also drew up as a summary the remarkable results of artificial inoculation, and the fact that the same characteristic pustule and chancreoid sores could be produced from any of the following lesions :—1. Chancreoid, or soft sores ; 2. Hard sores when irritated, as proved by Boeck and others ; 3. Suppurating bubo ; 4. Suppurating lymphatics ; 5. Mucous patches ; 6. From the sores resulting from any of these inoculations ; 7. As proved by himself he believed, for the first time, from the vaginal discharge. He thought that if all these lesions produced similar results by inoculation, it is impossible to believe in the existence of duality or two poisons.

The results of treatment by inoculation or syphilisation Mr. Morgan thought were very remarkable ; and he exhibited diagrams representing the process lately adopted by Mr. Bumstead, New York, which, together with the reports by Dr. Boeck, showed that immunity once attained from the soft or chancreoid sore protected the patient as well from the hard sore or chancre, and proved, he thought, a very strong and, indeed, irresistible argument against the existence of two separate poisons.

Now that the Contagious Diseases Act is being discussed, we think that this question of the high inoculability of the vaginal discharge of infected women, though free from any sore, is a matter of much interest, and shows clearly that the greatest care should be taken of this class of the community, and stringent means employed to restrain the extension of such a subtle disease—indeed, the strongest argument we have heard in favour of this Act was mentioned by Mr. Morgan in the course of the discussion, where a married man had the misfortune of contracting disease from a woman who had been in the hospital, and who was known to have a sore (which was termed the chronic sore) for upwards of two years and a half ; the man infected his wife, and thus the innocent wife, and perhaps her future offspring, suffered with the guilty, while the venomous source was unrestrained. Who can tell what misery and mischief may have been inflicted from one such a poisonous source during

the two and a half years' pursuit of a trade more dangerous to the community than all the poison fumes, poison pigments, or cattle plagues that have been so carefully legislated for.

Mr. Morgan also produced tables of cases under his care where patients suffering from inoculable sores, and also those suffering from suppurating bubos, had exhibited copious signs of constitutional infection. He believed that Dublin was plagued with a much severer form of the disease than other places, and therefore he introduced the subject for discussion amongst the surgeons of the city, as, according to the statistics of the Lock Hospital, but few patients, indeed—and quite irrespective of the form of primary sore—escaped constitutional signs often of a very severe nature.

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#### DISCUSSION AT THE SURGICAL SOCIETY OF IRELAND (ROYAL COLLEGE OF SURGEONS),

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#### MR. MORGAN'S REPLY ON THE QUESTION:—THE UNITY OR THE DUALITY OF THE VENEREAL POISON.

MR. MORGAN resumed his reply which he had been unable to conclude on the previous evening in the discussion on the subject of syphilis. He said there was one point which he considered of much importance, particularly with reference to the extension of the Contagious Diseases Act and the necessity for examinations—and that was, the persistence of the contagious and specific property of the vaginal discharge. He would illustrate this by a remarkable case. A woman was admitted into hospital suffering from the usual symptoms of constitutional syphilis. She was under his care for two months, and at the end of that time he made an inoculation from the vaginal discharge and produced one of those soft sores of which he exhibited drawings, whether it would have produced a hard sore in the virgin subject was one of the questions at which they had yet to arrive. This woman got so well that she was placed in the laundry of the institution. She was there three months and at the end of that time again came under his care when he found she had some patches in the mouth. In order to ascertain whether the vaginal secretion was capable of producing inoculation he inoculated with it, and found, although it was five months since she first came under his care, that it was capable of producing a soft

sore. His theory was that the soft sores which were so frequently seen in men were caused by the vaginal discharge of women constitutionally infected by true syphilis. Within the last few months a case of infection from a child had come under his observation. A healthy woman, wife of a rope-maker, and who had produced a healthy child, was selected as nurse for the child of a gentleman. She was a fine woman, and weighed thirteen stone six pounds when she went to nurse the child on the 30th of August. On the 16th of September the child died syphilitic, and in a week afterwards sores appeared on the woman's breast. This child had mucous patches on its mouth and genitals; but the appearance on the woman's breast (well represented by the drawing he exhibited), was as like a soft sore as they could see. Thus they had the same primary appearances in a virgin soil, as in those cases in which he had inoculated the infected subject with the vaginal discharge, which he thought a secondary product. It was stated on the previous evening by Dr. McDowel, his colleague, that a mucous tubercle was not inoculable. He might remind him, however, of the case of a little child, two years old, who had infected its grandmother, sixty-eight years old, from mucous patches on the lip where he, Mr. Morgan, had successfully inoculated it on the side from a mucous patch at the anus. Mr. Richardson, also, had produced a characteristic pustule and soft sores from mucous tubercles, and he would ask Mr. Richardson to certify this before the Society.

MR. RICHARDSON—The case in which I successfully inoculated from a mucous tubercle is recorded in the *Dublin Quarterly Journal*, and there can scarcely be any doubt on the matter, as I took every precaution to guard against fallacy. The woman whose mucous tubercle afforded the inoculable matter had no sores at the time I inoculated her.

DR. McDOWEL—I spoke of mucous tubercles which were not bathed in vaginal discharge, but a mucous tubercle was *per se* not inoculable and did not produce that characteristic pustule which was re-inoculable in an already infected patient.

MR. MORGAN said Professor Boeck in his work, it so happened, gave five cases in which the pustules were produced by inoculation from mucous tubercles. *Three of these were in men*, and in them the inoculation was from an anal mucous tubercle, which was a full refutation of Dr. McDowel's idea. Now, if they found the mucous tubercle and the vaginal discharge produced the same thing, it would solve the question as to the vaginal discharge or gonorrhœa in a tainted system being a derivative from true syphilis. He had procured gonorrhœal discharge from men in hospital, and also from women free from taint and inoculated with it but never could produce any



result whatever. Therefore, it appeared that from the vaginal discharge of a person constitutionally tainted he could produce the characteristic pustule and soft sore, but from the vaginal discharge of a woman not tainted he could produce no result. The pustules were not only produced but were capable of being reproduced to an indefinite extent. The question of auto-inoculability was next to be considered. If the secretion be of the same nature as that of a hard sore they might suppose that it would not be capable of inoculation on the patient's self. The contrary was the case. For instance, a girl came under his care having a soft sore and suppurating bubos, she ran down to the extreme of cachexia, but finally recovered. From this girl's vaginal discharge, suffering from almost every constitutional symptom of syphilis, he was able to inoculate not only herself, but others, the sores produced by the inoculation being soft sores. He found, therefore, that this discharge was capable not only of producing the pustules and so-called soft sores on the patient's self, but that these were capable of an interminable reproduction. He wanted further to test the power of this discharge and see whether it resembled the syphilitic sore in being not inoculable on animals. He inoculated young, old, and pregnant rabbits in every part of the body, but he never could produce any palpable result. On the inside of the thigh of one of the rabbits there was some little irritation, but this was of no importance. The young of the rabbits did not exhibit any symptom, and it was evident that the supposed transmissibility of the soft sore virus was not in this instance successful with these animals. The next point of interest to consider was that of syphilization. He was not to be considered as an avowed advocate of this treatment, but he desired to inquire into its efficacy, as from the results it seemed a more important method than had been at first supposed, and should not be hastily rejected. Some remarkable experiments on the subject had been made lately in America. Mr. Bumstead, who had formerly upheld the dual theory, was, he thought, much shaken in his opinion with regard to it; and as to syphilization he states, "From what I have personally witnessed and from the accounts of others, I believe it is a very effective method for the treatment of syphilis." When a man of such authority expressed so strong an opinion he, Mr. Morgan, thought the matter was worthy of calm and careful consideration. The principal point, however, which he (Mr. Morgan) wanted to refer to just now was, as regards the inoculability of the two kinds of sores. Originally, Mr. Bumstead believed in the dual theory—that the soft sore would only localize itself and produce local effects, and that the hard sore would not be inoculable on a person already tainted with syphilis. Boeck originally performed his



experiments with soft sores, but now came out a very extraordinary fact, which was, that in Christiania they had no difficulty in producing inoculation from hard sores and in producing pus. M. Boeck had kindly forwarded him a specimen of the pus thus produced, which he now exhibited to the Society. Two remarkable cases are given in Hayes' *American Journal* for Aug. 1870, by Mr. Bumstead—in one of these, as now shown in the diagrams (which were exhibited), all the inoculations were made from soft sores, and yet under the treatment of using the virus of a disease held by the dualists to be distinct, the symptoms got well and immunity was attained. In the other case the inoculations were practised from three sources—viz, 1. From pustules produced by soft sore virus on a tainted subject. 2. From avowedly hard sores in infected cases. 3. From soft sores themselves. After a certain time—Mr. Morgan showed by referring to the diagrams before the Society—immunity from any of the sources was attained, and any of the poisons used for the purpose of inoculation produced pustules and characteristic sores. Thus they found the remarkable fact which Boeck had described, that as soon as a patient was non-inoculable from one kind of sore he became non-inoculable from the other; and when he had immunity from the one he had immunity from the other. Boeck at the Venereal Commission says, "If there were two different poisons and you had syphilized a person with one form of those poisons and then you took the matter from the other poison you could go on with a series of inoculations as from the first time, but that you cannot do. This, I believe, is a proof and the best proof that I can adduce." Another case given by Mr. Bumstead was, that of Mary S., a very intemperate person employed as a nurse in a hospital. She was saturated with the syphilitic poison, and he found it usually impossible to produce the slightest effect on her with any virus in his possession. The virus from both hard and soft sores was repeatedly tried, but she could not, without great difficulty, be inoculated with either. With regard to the non-sequence of secondaries after soft sores what were the facts? A number of men get soft sores and do not suffer, and every one admitted that when a man had a hard sore with induration, constitutional signs were more likely to follow. The question then was, were they two poisons, or was there some modifying influence at work? He (Mr. Morgan) had inoculated a series of cases in the Lock Hospital, all young girls on an average under eighteen years of age, and all of whom stated they were not previously diseased, and which he quite believed was true. He auto-inoculated these from their own sores, soft sores about the vulva, and they were eventually, sooner or later, covered with secondaries. The following cases

would tell the particulars of fourteen instances, who showed constitutional infection without leaving hospital, and while under observation :—

#### SEVENTEEN CASES SELECTED.

*Patients diseased for the first time and auto-inoculated from their sores who showed signs before leaving hospital.*

- Oct. 1868.—E. McD., papules.
  - Dec. 1868. — M. B., papules and severe secondary ulcer.
  - Jan. 1869.—E. H., patches and papules.
  - Feb. 1869.—E. C., papules and alopecia.
  - Mar. 1869.—M. S., roseola and alopecia.
  - July 1869.—M. M., roseola and alopecia.
  - Sept. 1869.—S. R., patchy enlargement of labia, pains.
  - Aug. 1869.—M. S., papules and iritis.
  - Dec. 1868.—M. A., double iritis, papules, pains, and most intense symptoms.
  - Feb. 1869.—M. K., copious papules.
- These ten cases were auto-inoculable, yet signs followed.

*With suppurating bubos auto-inoculated and followed, before leaving hospital, by signs.*

- Dec. 1868.—L. S., aged sixteen, severe suppurating bubo—most intense iritis, gummata, pains, &c.
  - June 1869.—E. W., aged twenty-five, severe suppurating bubo, very severe signs, Jan. 1871, *now* has rupious rash.
  - Jan. 1869.—K. D., aged seventeen, twice inoculated, bubo was not opened, most severe signs and epilepsy.
  - July 1869.—A. O'R., aged seventeen, five times inoculated, suppurating bubo, most intense signs, and prostration.
- Four cases auto-inoculable with suppurating bubos.

*Patients auto-inoculated but showed no signs.*

- May 1869.—E. P., got warts, and is said now to be alopecic (Dec. 1870).
  - May 1870.—K. J., no signs observed.
  - May 1868.—B. K., not seen at the hospital since.
- Ten cases auto-inoculable with signs following.
- Four ditto ditto and suppurating bubo with signs following.
- Two cases auto-inoculable escaped signs.
- One ditto ditto not seen since.

Thirteen other cases were also tested with varying results, as in the following

## THIRTEEN CASES.

*Three doubtful cases inoculated.*

Dec. 1868.—M. L., aged seventeen, slight roseola.

Aug. 1868.—T. B., inoculated from bubo without any discoverable sore, subsequently got an inflamed labium and had a dead child.

Nov. 1869.—M. B., inoculated from an ulcer at the orifice of vulvar sinus, subsequently showed infection signs.

*Three Cases which resisted auto-inoculation.*

All the sores were sloughy and angry, and one case only had secondary signs.

*Five Cases which resisted auto-inoculation and all had single sores.*

L. D., pains and alopecia; B. B., papules, iritis, pains; E. B., papules, patches, pains; J. B., papules, gummata, iritis, pains; L. O'B., slight papules.

*Two Cases had multiple sores but resisted auto-inoculation.*

M. W., papules, iritis, pains; M. D., papules, pains.

Ten resisted auto-inoculation, three were doubtful, two had no signs.

Dr. McDowell had told the Society that he (Mr. Morgan) had but twenty-seven cases to judge from. That was altogether an erroneous statement, and he would now place before them a table\* of ninety-one cases, with the names, which had come under his own care and observation in the last two years at the Lock Hospital; and this table represented only the last consecutive ninety-one cases which were diseased for the *first time*. It was evident on perusing them that every case almost of primary sore was in these instances followed by constitutional signs, though several were tested by inoculation, and several had suppurating bubo; indeed, the severest samples of constitutional infection were those in which he had himself opened the suppurating bubo, and tested by auto-inoculation from their sores.

Among these cases was one of a married woman, who had got syphilis from her husband. He was a night-watchman, and had connection on one occasion with a woman who was known to be suffering for several years from a chronic sore, and the man admitted that he had got the disease from this woman. On examination I found he had a hard sore, but the wife had a soft sore, and was covered with roseola (a mild rash) the man being covered with papules. He thought that case afforded a strong argument in favour of the Contagious

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\* For table see following page.

TABLE No. 2.  
*Patients all diseased for the first time.*

No. of Cases.	Papules.	Patches.	Itch's.	Re-eola.	Pains.	Number of escaped signs
6	6	3	2	0	5	none escaped out of 6
21	15	13	3	5	13	one " " 21
11	7	6	0	2	7	two " " 11
7	4	3	2	1	2	two " " 7
3	0	0	0	0	0	all " " 3
3	1	0	0	0	1	two " " 3
2	1	1	0	0	1	one " " 2
3	3	0	2	0	2	none " " 3
3	1	1	0	0	1	one " " 3
2	0	0	0	1	1	one " " 2
32	15	0	3	4	13	thirteen " " 32
91	53	27	12	13	52	22 escaped out of 91 and 13 of these 22 had mucous patches only.

Sores, with suppurated bubos ... [suppuration  
 " " tender and enlarged glands, tending to  
 " " indolent glands ...  
 " " auto-inoculated ...  
 " " sloughy, or very irritated  
 Chronic sore ...  
 Slightly indurated of nympha ...  
 True Hunterian and typical sore  
 Ulcer uteri only...  
 " " with sore of nympha  
 " " mucous patches ...

followed by

Diseases Acts, where a woman two or three years diseased can still infect. In the "Parliamentary Venereal Report" Mr. Morgan found much to confirm his views. Thus, Dr. Nelson, surgeon to the Melville Hospital—an hospital in which the patients were principally boys, just as those in Table No. 2 were chiefly young girls—speaking of the division into the hard and soft sores, and the exclusive liability of the former to cause constitutional symptoms, says: "Unfortunately the experience acquired in Melville Hospital fails to confirm this doctrine. With a caprice characteristic if not peculiar to the disease under discussion, simple sores with no trace of hardness in their nature have been followed by the most unequivocal constitutional symptoms: while again, a suspicious callosity accompanying a sore and remaining behind as a legacy to the cicatrix, has occasionally had no ulterior sequence beyond itself." There was also another remarkable question, namely, the influence of locality in the disease. Dr. Stuart in his evidence mentions a very remarkable peculiarity about the sore in India. He says that in the Sepoy there is no such thing as a hard sore. "I may mention that I never saw an indurated chancre in a Sepoy. Bombay teems with European prostitutes, and so does Poona; but when I have seen an indurated chancre it has been upon the European, and not upon the native." He also says that secondary symptoms are very uncommon in India among both European and natives. Dr. Stuart describes *four* kinds of sores. He was asked "Have you seen secondary symptoms in India? Yes, following upon the ash-coloured sore." "I have only seen accompanying the ash-coloured sore a single suppurating bubo, and a chain of buboes I have only seen in the phagedænic when there has been malpractice at its commencement with a broken down constitution" On the other hand it has been stated that Kaffirs always have the indurated sore. Dr. Stoker had mentioned to him that he saw the late Mr. Wallace's experiments, and that Mr. Wallace was of opinion that induration was altogether a matter of position. This he proved by his inoculations on hitherto untainted subjects, as he found inoculation on the prepuce produced the hard sore and on the glands a soft. He (Dr. Stoker) also saw a hard sore produced by inoculation on the thigh. Enough, he thought, had been said to show that if there be the two sores which he admitted—the simple suppurating sore not so frequently followed by secondaries, and the hard sore which was more frequently followed by them—yet there were not two separate poisons. From a sore with a suppurating bubo he occasionally had undoubtedly seen severer secondary symptoms than he had seen in cases where a hard sore existed. He would next draw attention to two male cases of great interest, of which the wax models on the table were very good representations. One of



these men had a soft sore on the inside of the prepuce. He protested that he had never before had venereal. In due time an abscess formed at the root of the penis. He (Mr. Morgan) successfully inoculated from that abscess, and while the man was in hospital he was covered with a papular rash, and now had patches on the mouth. He described the woman from whom he got the infection, and she was shortly afterwards admitted into the Lock Hospital, having a sore which resembled that of the man, and a suppurating bubo with copious rash. The next case was that of a married shoemaker, the father of several children. He had a sore on the dorsum of the penis, eminently a hard one, with indurated inguinal glands, and had it six weeks on him when he came under his (Mr. Morgan's) care. From the position in which the penis lay while the man was working at his trade, he auto-inoculated himself on the abdomen,—this man had all the symptoms which, the dualists held, only accompanied the indurated sore. He irritated the sore with a lancet and inoculated the man, but did not produce a well-marked inoculation, although there was a papule. He told the man he would disease his wife if he had intercourse with her, and shortly after he had to take her into hospital, suffering from a very painful and irritable soft sore. Although she came in with a soft sore, she suffered from the most intense poisoning, having iritis and almost all the other symptoms of constitutional syphilis. It might be said she did not get the sore from her husband; but the circumstances of the case were such as to convince him that she had not been infected from any other source. These were two very instructive instances. He was at one time a dualist; but from seeing so many cases like those and others, and the practical illustrations he had mentioned, he felt compelled to turn over to the other side. He now would conclude by a very few words of reply to some of the speakers who took part in the discussion. Mr. Stapleton differed from some of the gentlemen who spoke on the last night, for he described two sores, one of which could not be cured with mercury, and the other which could only be cured by it.

MR. STAPLETON.—What I said was that if there was a hard sore, no matter what time you may give mercury, you cannot prevent secondary symptoms; and that where there is a soft sore mercury does an injury.

MR. MORGAN proceeded to say that Dr. Barton expressed a doubt whether he (Mr. Morgan) knew what a gonorrhœa was. He was not ashamed to say he could not tell exactly, and he did not think anyone in the room could either; and he might mention some remarkable facts in justification of that statement. Not long ago a gentleman came to him with a very severe gonorrhœa, and he could not understand how he got it,



as he was keeping a young woman whom he had no reason to suspect. He sent the girl to the hospital to be examined, and it was found that she had only a slight erosion of the uterus. Some short time afterwards she got hold of another friend, and this man had just come home from a three months voyage from Calcutta. In four days she gave him a most severe gonorrhœa. She was again examined, but there was nothing to be found of a specific nature or any sign of syphilitic taint. She had a liason with a third person, and gave him gonorrhœa also. To crown all, she got married; and in nine weeks she gave the husband a severe gonorrhœa; and all the time this woman had no discharge at all, but was plagued with a slight erosion of the uterus. He believed that superficial ulceration of the uterus, which was to be found occasionally in those patients in the hospital belonging to the better off grades, was not an unusual cause of gonorrhœa; and in the case cited the patient had been examined at frequent intervals for six months, yet, though constantly capable of giving gonorrhœa, no evidence of the disease could be found in her. The remarks of Dr. McDowell he had adverted to in the course of his address, and had shown that, though Dr. McDowell did not believe mucous tubercle inoculable, though, strangely enough, he admitted it propagated the disease, yet others as well as himself had shown it was so both in males, females, and children. Dr. Croly had alluded to three or four diseases as coexisting in such cases; but as this was a new view of the venereal disease, and Mr. Croly had as yet not described them he could not well answer him. Dr. McDonnell had, in the course of his remarks, mentioned that he believed the theory of descent with modification was illustrated in the existence of soft and hard or syphilitic and simple sores, and that there was no line of demarcation between the two diseases. "No Rhine boundary," in fact, but that descent with modification caused two actions. There were not two distinct poisons, Mr. Morgan believed, and if no Rhine boundary existed, then let the disputed provinces be restored: give back the Alsace and Lorraine of Venereal, let them be reunited in an undivided Confederation and common family parentage. He felt he had occupied too much of the time of the Society, but the matter is just now so full of interest and of such great national importance, that while he thanked them, he hoped they would excuse him.

